

Appendix C. Possible Sources of Registration Information

Description	Recommended	SF129	DUNS	TIN	Vend. exp.	PASS	X12.838
Business name (legal name)	X	X	X	X	X	X	X
Applicant's name (if applicable; could be a component within a business)	X		X				X
Applicant's additional name information (if applicable)	X			X			X
Business address (number, street, city, state, and zip code)	X	X	X	X	X	X	X
Applicant's trading partner identification number	X		X	X		X	X
Type of application (initial, change, renewal)	X	X		X		X	X
Date of application	X	X				X	X
Applicant's taxpayer identifying number (TIN) (employer's identification number or social security number)	X				X	X	X
Data Universal Numbering System (DUNS) number (if known)	X	X				X	X
Commercial and Government Entity (CAGE) code (if known)	X					X	X
Contractor Establishment Code (CEC) (if known)	X						X
SBA PASS number (if known)						X	X
Name, address, identification number, telephone number of Federal agency to which form is submitted		X			X	X	X
Mailing address (number, street, city, state, and zip code) (if different from business address)	X	X	X	X		X	
Name of county	X			X			X
Telephone number (area code and number)	X		X	X	X	X	
Fax number (area code and number)	X					X	
Executor, trustee, care of name				X			
Labor surplus area (yes or no)	X					X	
Parent company name	X	X	X			X	X
Parent TIN	X						
Parent company address (number, street, city, state, and zip code)	X	X	X				
Parent company average gross revenue			X			X	
Parent company average number of employees			X			X	
Affiliate name	X	X	X			X	X
Affiliate TIN	X						
Affiliate address (number, street, city, state, and zip code)		X	X				
Affiliate average gross revenue			X			X	
Affiliate average number of employees			X			X	
Geographic locations where the company wants to do business	X					X	X
Reference number							X
Currency for payment (U.S. dollars, British pounds, Japanese yen, etc.)							X
Tax reference							X
Administrative contact (person)	X					X	X
Contact's title						X	
Name and title of vendor's representative(s) authorized to sign offers and contracts and telephone number	X	X					
Name of officers, owners, or partners		X	X	X			
Accounting closing period (fiscal/accounting year)	X			X			
First date wages or annuities were paid or will be				X			

paid							
Annual sales (accounting year)	X	X	X			X	
Description	Recommended	SF129	DUNS	TIN	Vend. exp.	PASS	X12.838
Number of employees (accounting year)	X	X	X	X		X	
Net worth (date and amount)		X	X				
Type of organization (individual, partnership, S-corporation, corporation, nonprofit organization, state/local government, educational institution)	X	X	X	X		X	X
Where incorporated (foreign country or state name)	X	X	X	X			
Reason for applying				X			X
Principal business (list all applicable SIC codes, NSN, and FSC)	X		X			X	
Identify other equipment, supplies, or services company desires to offer government not listed in SIC, NSN or FSC	X	X					X
Type of business (manufacturing/supplies, research and development, construction, services, etc.)	X	X	X	X		X	X
If dealer, dealer type (1 or 2)	X						
If principal business is manufacturing, state principal product and raw material used				X		X	
To whom are most of the products or service sold? Wholesale, retail or other.				X			
Business ownership (if applicable) (U.S. citizen, women-owned, minority-owned, veteran, etc.)	X	X				X	X
If minority owned, is it 8(a) certified firm (yes or no)	X					X	
Business size (large, small, emerging)	X	X				X	
Floor space (manufacturing and warehouse)		X					
Narrative on capabilities section (type of product, disaster response, etc.)						X	
Special manufacturing equipment/materials not listed in lines 46 and 47)	X					X	X
Metric capability						X	
Accepts VISA credit card						X	
Export activity						X	
Manufacturing quality assurance (e.g., MIL-1-45208, MIL-Q 9858)	X					X	
Performance history (contract references)						X	
Date business started or acquired	X	X		X		X	
Trade union date							X
Vendor's preferred method of payment (EFT, credit card, check)	X						
If EFT, vendor's ACH preference (CCD+ or CTX)	X						
If checks are preferred, remittance address (number, street, city, state, and zip code)	X						
Name of financial institution (bank) where payment to be sent (could be multiple)	X				X		
Financial institution address (number, street, city, state, and zip code)	X				X		
Financial institution telephone number and contact person's name	X				X		
American Bank Association number/ nine-digit routing transit number	X				X		
Vendor's bank account title and number (could be multiple)	X				X		
Type of account (checking, savings, lock box)	X				X		
Lock box number (if applicable)	X				X		
Automated clearing house coordinator name and telephone number	X				X		
Does the bank currently provide EFT remittance information	X						
If the bank is not capable of passing on remittance information, provide name and mail box address of	X						

service provider if other than Vendor or VAN							
VAN's name	X						
Applicant's mailbox address at the VAN	X						
Certification of application information		X		X		X	X
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Name and signature of company officer, title, and date	X	X		X	X	X	
Supplier performance rating	X						
Facility security clearance (secret, top secret; OPM, DoD, or DOE)	X	X				X	X